

# California Influenza and Public Health Emergency Promotora / Community Health Worker Training Project



## Final Report

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Office of Binational Border Health

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## EXECUTIVE SUMMARY

Migrant agricultural populations in California are uniquely vulnerable to public health emergencies such as infectious disease outbreaks and natural disasters. Migrant farmworkers and their family members face several barriers to emergency preparedness and response. However, many of these barriers may be addressed through promotoras. Promotoras, or Community Health Workers, have proven to effectively reach migrant and other Hispanic communities, resulting in health behavior change.

The goal of this project was to provide public health emergency response trainings to promotoras throughout California that work with migrant agricultural populations. This goal was to be completed by: 1) Adapting existing curricula on emergency response and public health incidences and outbreaks, such as pandemic influenza, pertussis, and other infectious disease outbreaks to be presented to promotora audiences; and 2) Coordinating with promotoras networks and community health clinics to provide trainings throughout the state of California.

Curriculum was adapted from previously published health education materials from a variety of credible resources. Workshop materials were developed anticipating a Spanish-speaking, low Health Literacy level audience. Training was implemented using power point presentations, group interaction and exercises, and a toolkit that contained resources that could be reproduced and implemented in migrant centers, clinics, or training sites.

Ten workshops were scheduled and arranged with local contacts throughout California. Workshops were focused in geographic areas with large migrant populations, including the San Joaquin, Coachella, Imperial and Sacramento Valleys, as well as San Diego County. Participants were notified via key local contacts, and were typically provided five hours of instruction / group activity time per workshop. In total, nine workshops were conducted; scheduling conflicts necessitated the cancellation of one workshop.

A total of 191 individuals attended, representing 51 government, healthcare, and community organizations. Workshop attendance ranged from 4-41 participants, with an average of 21 participants per workshop. The large majority of participants (80%) were born outside of the United States, and 90% of participants were female. Participants ranged from 18 to more than 60 years of age, and had a range of educational attainment from pre-elementary to post-graduate school. Pre- and post-testing revealed knowledge acquisition among all workshops, with an average pre-test score of 61% and an average post-test score of 96%.

## **INTRODUCTION / BACKGROUND**

California's population is racially and ethnically diverse. Residents of Hispanic origin make up the largest minority of populations in most counties throughout the state.

Ordinary media and information lines overlook large subgroups of this population. The challenges that exist include, but are not limited to cultural differences, language, and constant mobility. For example the migrant farm working populations may not regularly visit hospitals or clinics, are wary of authority, are uninsured, and may find it necessary to work through illness. Some factors that contribute to increased susceptibility to infectious disease are unsanitary living conditions, overcrowding, high stress levels, food insecurity, limited knowledge regarding disease transmission, and sometimes adverse working conditions (e.g. long work hours and exposure to pesticides and excessive heat). Research has shown that these characteristics of the migrant farm working population are at greater risk for infections such as H1N1, tuberculosis, HIV and other sexually transmitted infections (CDC, 1992), intestinal disorders, and other respiratory diseases (Schenker, 2009). Recent events, such as pertussis epidemic, influenza A H1N1 pandemic, earthquakes, and wild fires have made apparent the extreme need for public health preparedness. Also, gaps in information dissemination have been revealed, making hard-to-reach migrant populations more vulnerable to disasters (Martinez, Hoff and Núñez-Alvarez, 2009).

Health care and health promotion to these important populations have resorted to strategies adapted from approaches used in Mexico and other Latin American Countries. The promotora model is based on peer education to reach underserved populations. Promotoras are community members who serve as liaisons between their community and health, human and social service organizations. The promotora training model is effective and sustainable due to the 'Train-the-trainer' approach. Once the individual is trained; they are able to continue to teach the information, exponentially growing the effect of the initial trainings.

The promotora model has been shown to be an effective method of reaching Hispanic in the United States (Balcázar et al., 2005). This model utilizes individuals that live in the community, have rapport with the community, and have previously gained the trust of the community. It has been proven effective to change health related behaviors with regards to, but not limited to, pesticide use, home safety education, preventative care, and follow-up treatment, etc. (Balcázar et al., 2005 and Forster-Cox et al., 2007).

## LEAD AGENCY

The California Office of Binational Border Health (COBBH) was created in 1999 by legislation (AB 63, Ducheny) as a unit of the California Department of Public Health. Its mission is “to protect and improve the health of California communities by facilitating communication, coordination and collaboration among California and Mexico health officials and health professionals.” COBBH accomplishes this mission by serving as a liaison to Baja California State and other Mexican health officials, fostering binational partnerships with other U.S. Mexico border states, assessing the health status of border communities, assisting in border health program development, informing and educating the general public about border health, and serving as an information clearinghouse. The goals of the office are as follows:

- I. Assess and monitor border and binational public health issues
- II. Optimize border and binational communication, coordination, and collaboration
- III. Build capacity in California and Baja California (BC) to effectively address public health issues
- IV. Increase awareness among state and local agencies, policy makers, the public, and other stakeholders about border and binational public health issues, and the role of COBBH

Since 1999, COBBH has accrued extensive experience in outreach and education projects in the California / Baja California border regions (including San Diego and Imperial Counties), and in California statewide. These projects, benefitting both promotoras and migrant populations, include ongoing collaboration with multiple agencies to implement yearly promotoras seminars, targeted outreach to migrant agricultural workers regarding environmental exposures such as pesticides and lead, and assessment of needs of promotoras and the agencies that employ them.

Following the Influenza A H1N1 pandemic in 2009, the California Department of Public Health (CDPH) was awarded Public Health Emergency Response (PHER) funds through the Centers for Disease Control and Prevention. CDPH allocated portions of this award to various offices, based on proposals. The California Office of Binational Border Health, within CDPH, submitted a proposal and received funding to carry out the California Influenza and Public Health Emergency Promotora / Community Health Worker Training Project. The project goal was to improve the public health emergency preparedness throughout California through the implementation of workshops to train promotoras /community health workers to effectively teach migrant agricultural workers about public health emergency preparedness. Through this funding, COBBH implemented the California Influenza and Public Health Emergency Promotora/ Community Health Worker Training Project.

## OBJECTIVES

Project objectives consisted of:

- (1) Identify existing curricula on emergency response and public health incidences and outbreaks, such as pandemic influenza, pertussis, and other infectious disease outbreaks, and develop training curricula by adapting existing materials*
- (2) Coordinate with promotoras networks and community health clinics to provide trainings throughout the state of California*

## METHODS / WORK DESCRIPTION

### Network and Project Planning

In order to reach target populations throughout California, potential coordination partners were identified in areas with high migrant/ agricultural activity. These partners include professional networks for promotoras, community clinics, advocacy groups, local government agencies, and non-profit organizations. A complete list of collaborating organizations is provided in Attachment A. From this diverse group, the following key organizations were contacted to initiate collaboration in project planning and curriculum development:

- 1) California Nevada Public Health Training Center:
  - a. California Nevada Public Health Training Center collaborated to provide additional funding for facilities costs in San Diego County, as well as for curriculum materials for participants in all areas of California.
  - b. California Nevada Public Health Training Center also provided data entry and management services from registration information at all workshops.
- 2) Health Initiative of the Americas (HIA):
  - a. As the result of a previously funded project, HIA had developed comprehensive CDC-approved bilingual influenza manuals for community health outreach workers and community leaders. This product was provided to workshop attendees, and provided the contextual background for curriculum development.
  - b. A representative of HIA also assisted in outreach to promotoras in the Coachella Valley and participated in a workshop.
- 3) California Primary Care Association (CPCA) / Migrant Health Centers:
  - a. CPCA provided a list of Federally-Funded Migrant Health Centers (MHC's) throughout California, and assisted in generating local interest in workshops by communicating with key contacts in MHC's centers in key geographic areas via email and through an inter-agency newsletter.
- 4) American Red Cross (ARC):
  - a. ARC provided additional personal safety / emergency response training sessions within 2 workshops: Tulare on July 14, and La Quinta on July 25.



Workshops were designed to train 20-35 participants. In addition to CPCA participant recruitment, participants were identified by 'snowball' invitation, where registered participants were asked to invite promotora peers to attend the work shop. In the cases where registration was low, additional efforts were made to recruit participants, such as directly contacting the county's department of public health and local health organizations. In one training location overwhelming registration required an additional workshop to be scheduled the following day. Key contacts in each training area were identified, and consulted with these contacts to assess specific local needs and resources. If necessary, training curriculum and logistics were adapted to reflect local characteristics.

### **Curriculum research and development**

All workshop training tools and supplemental materials were adapted and acquired from materials published by reputable sources. After a comprehensive search of health educational materials using PubMed, Ovid, Medline and other internet sources, training materials and class curricula were adapted from the following sources:

- 1) Health Initiative of the Americas (HIA): *Influenza Manual for Community Leaders and Community Health Workers*.  
<http://hia.berkeley.edu/index.php?page=promotoras-manuals>
- 2) Centers for Disease Control and Prevention (CDC): *Hand Washing Flyer*. <http://www.bt.cdc.gov/disasters/espanol/pdf/flyer-wash-your-hands-es.pdf>
- 3) California Department of Public Health (CDPH): *Stop the Flu Flyer*. (Attachment B)
- 4) California Office of Binational Border Health (COBBH): *Tdap Vaccine Flyer*.  
<http://www.cdph.ca.gov/programs/cobbh/Pages/COBBHCore.aspx>
- 5) U.S. Department of Homeland Security - Ready.gov: *Family Emergency Plan*.  
[http://www.listo.gov/america/\\_downloads/PlanComuFAMIL\\_2009\\_es.pdf](http://www.listo.gov/america/_downloads/PlanComuFAMIL_2009_es.pdf)
- 6) Council of Community Clinics: *Emergency Preparedness Tool Kit For Your Family* <http://www.ccc-sd.org/> (document not available online)

Training curricula and materials consisted of:

- 1) Two PowerPoint presentations (Attachments C and D)
- 2) Two interactive exercises (Attachment E)
- 3) Promotora toolkit including teaching materials for community use (Attachments B and E-G)
- 4) Additional materials including pre- and post-tests, agendas, certificates of participation, and course evaluations (Attachments H-K)

A sample workshop agenda is included as *Attachment K*.

## **PRESENTATIONS**

Workshops included two interactive Spanish-language PowerPoint presentations. These presentations were developed anticipating a low health literacy level audience.

- 1) ***The Role of the Promotora during Public Health Emergencies:*** Objectives of training are defined in this section as well as the definition of the promotora, community health worker, lay worker, or community leader. Key elements and skills defining a promotora are presented here and importance is stressed regarding each in the role of the promotora. Cultural and economic barriers as well as key actions are delivered to each participant in order to reach out and carry a successful training with their migrant population (Attachment G).
- 2) ***Public Health Vocabulary, Vaccines, Pandemic Influenza, Seasonal Influenza and Whooping Cough/Tdap:*** Participants learn public health vocabulary relevant to each of these topics. Basic information is taught regarding importance of vaccination, understanding of Influenza H1N1, seasonal influenza and the difference between both viral diseases. Pertussis is introduced as a separate topic using existing information provided by CDC and Office of Binational Border Health, stressing the importance of abiding by the new legislation regarding TDAP vaccination schedules. A radio public service announcement (PSA) produced by the California Department of Public Health (CDPH) is played during this session. Additional instruction is also provided regarding emergency preparedness and family emergency planning. This instruction provided information regarding: personal emergency preparedness using 911, emergency fire prevention, earthquake prevention information and emergency flooding information (Attachment H).

## **EXERCISES**

Each workshop also included two hands-on activities:

- 1) Hand washing exercises utilizing a hand glow gel: participants are taught about the spread of contagions through a population by rubbing Glo Germ (<http://www.glogerm.com/>), a powder that simulates microbial agents and is only visible in black light, on their hands. After shaking hands with other workshop participants they viewed their hands under black light and observed the simulated passage of germs via personal contact. Participants then practiced thorough hand washing techniques.
- 2) Group exercises/public health emergency table-top scenarios: During this section participants were divided by working groups. A list of key questions was given to each group with a different scenario for them to critically evaluate an emergency scenario involving migrant populations, and develop emergency plans for their scenarios, given the resources available to them in their own communities (Attachment E).

### ***TOOLKIT***

A toolkit was also assembled for promotoras that attended the workshop; this toolkit contained relevant previously existing outreach materials identified through literature review, as well as new materials that were adapted from preexisting sources. All materials were Spanish-language, unless otherwise noted. Toolkits contained:

- 1) *English / Spanish Influenza Manual for Community Leaders and Community Health Workers* (HIA)
- 2) *Stop the Flu* Flyer (CDPH) (Attachment B)
- 3) *Hand Washing* flyer (CDC)
- 4) *Pertussis / Tdap* flyer (COBBH)
- 5) *Family emergency Plan* (Department of Homeland Security)
- 6) List of internet and phone resources for emergency, influenza, and pertussis information (Attachment F).
- 7) Spanish Safety Tube (ARC) (Attachment G).

### ***ADDITIONAL MATERIALS***

In addition to workshop training material and tool kit contents, course evaluations (Attachment H), pre/post-tests (Attachment I), certificates of completion (sample: Attachment K), and agendas (sample: Attachment K) were produced and provided to all attending promotoras.

## RESULTS

### Workshop Implementation

In total, 10 workshops were scheduled throughout California between June 9 and July 27, 2011. Typically, workshops were provided one time in each city. In La Quinta, due to high interest levels and limited meeting room capacity, two consecutive workshops were scheduled. Workshops were scheduled in the following locations:

1) El Centro, Imperial County:	<i>June 9</i>	<i>29 Attendees</i>
2) San Diego, San Diego County:	<i>June 23</i>	<i>18 Attendees</i>
3) Chico, Butte County:	<i>July 8</i>	<i>20 Attendees</i>
4) Yuba City, Sutter County:	<i>July 9</i>	<i>12 Attendees</i>
5) Tulare, Tulare County:	<i>July 14</i>	<i>27 Attendees</i>
6) Fresno, Fresno County:	<i>July 16</i>	<i>13 Attendees</i>
7) San Marcos, San Diego County:	<i>July 23</i>	<i>40 Attendees</i>
8) La Quinta, Riverside County:	<i>July 25</i>	<i>27 Attendees</i>
9) La Quinta, Riverside County:	<i>July 26</i>	<i>4 Attendees</i>

A map of all workshop sites is provided in *Attachment L*. A tenth workshop was scheduled for National City, in San Diego County, on July 27. However, due to a key contact agency's scheduling conflicts, this training had to be cancelled. In total, 191 individuals were trained through the 9 workshops, representing a total of 51 organizations and agencies.

## Participant Demographics and Pre- and Post-Tests

Table 1, below, summarizes demographic data and pre- and post- test results for all workshops. As seen below, workshop attendance ranged from 4-41 participants, with an average of 21 participants per workshop. Ninety percent of attendees in all workshops were female, and attendees' ages ranged from 18 to more than 60 years of age. Educational attainment varied by group, with 58% reporting a high school education or less, and 42% reporting at least some college. Pre- and post-testing revealed knowledge acquisition among all workshops, with an average pre-test score of 61.3% and an average post-test score of 95.5%.

*Table 1: Attendee Demographic and Pre- and Post-Test Data by Workshop Location*

Location	#	Female	Born in U.S. <sup>a</sup>	Ave. Years in U.S. <sup>b</sup>	Highest Education Level Achieved					Ave. Pre-Test Score	Ave. Post-Test Score
					< Mid. School	Mid. School	High School	Some College	College Grad, Post-Grad		
El Centro	29	27 (93%)	9 (31%)	N/A <sup>c</sup>	0	4	6	4	15	68.4%	91.7%
San Diego	18	17 (94%)	0 (0%)	N/A	0	2	4	0	1	67.2%	96.7%
Chico	20	19 (95%)	6 (30%)	30	4	0	0	3	12	61.7%	91.6%
Yuba City	13	12 (92%)	0 (0%)	27	4	2	2	1	4	65.8%	99.7%
Tulare	25	23 (92%)	12 (52%)	23	6	2	2	0	2	56.2%	97.0%
Fresno	13	11 (85%)	3 (23%)	N/A	4	3	1	2	3	41.1%	95.7%
San Marcos	41	34 (83%)	1 (2%)	16	11	5	7	2	3	59.1%	96.7%
La Quinta 1	28	25 (89%)	5 (18%)	24	0	7	7	4	2	55.7%	93.3%
La Quinta 2	4	3 (75%)	1 (25%)	28	0	0	0	0	3	76.6%	97.3%
<b>All</b>	<b>191</b>	<b>171 (90%)</b>	<b>37 (19%)</b>	<b>25</b>	<b>29</b>	<b>25</b>	<b>29</b>	<b>16</b>	<b>45</b>	<b>61.3%</b>	<b>95.5%</b>

*a The large majority of participants not born in the U.S. were born in Mexico. Other countries of origin included Colombia, Honduras, Nicaragua and the Philippines*

*b Among those born outside of the U.S.*

*c N/A: Data not available*

The large majority of participants (80%) were born outside of the United States, with most foreign-born participants being from Mexico. The following table summarizes the states of birth for all Mexican-born participants, as well as country of birth for those born outside both the U.S. and Mexico.

**Table 2: Birth Place of Workshop Attendees Not Born in U.S. by Workshop Location<sup>a</sup>**

	Place of Birth	El Centro	San Diego	Chico	Yuba City	Tulare	Fresno	San Marcos	La Quinta 1	La Quinta 2	All
<b>Mexico</b>	Aguascalientes							1			1
	Baja California Norte	3	1	3		1			6	1	15
	Chihuahua				1	1				1	3
	Distrito Federal (D.F.)		1				1				2
	Durango							2			2
	Estado de México							1			1
	Guanajuato				1	2		1			3
	Jalisco				5	1		1		1	8
	Michoacán			3		2	3	2			10
	Morelos								1		1
	Oaxaca						3	2			5
	Puebla					1					1
	Querétaro					1		1			2
	Sinaloa	1						1	2		4
	Sonora		1			1		1			3
	Tamaulipas			1							1
	Veracruz				1						1
	Zacatecas			1	2				1		4
	Unknown <sup>b</sup>				2	3		4	1		10
	<b>Total Mexico</b>	<b>4</b>	<b>3</b>	<b>8</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>17</b>	<b>11</b>	<b>3</b>	<b>78</b>
<b>Other</b>	Colombia			1							1
	Honduras			1							1
	Nicaragua			1							1
	The Philippines		1								1
	<b>Grand Total</b>	<b>4</b>	<b>4</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>17</b>	<b>11</b>	<b>3</b>	<b>82</b>

*a: Among those that reported a place of birth outside of the U.S.*

*b: Participant reported Mexican birth, but did not name a state*

## Workshop Evaluations

The evaluation questionnaire was given for each participant to evaluate the training at the end of the last session (Attachment M). Several open-ended questions (numbers 1 and 6-10) on the questionnaire allowed for qualitative results. These results were translated to English, and then coded for similar responses. The following tables have results from all workshops combined. Because participants may have listed more than 1 theme per response, the total number of responses may not match the total number of participants.

### *1. What was the principal reason that motivated you to attend this training?*

To improve community outreach / help the community	44
To learn more / self-improvement through education	37
To provide information to migrants specifically	22
To take information to my workplace/ other professionals	12
Information about epidemics	11
Information about H1N1	10
Information about the Promotora model	9
Information about nutrition	1

### *6. Please explain, in your own words, how this training helped you identify your role as a Promotor(a) in your community. Explain how and why it helped you.*

Learned new information	43
Provided tools/confidence for teaching/speaking/presenting information	15
Provided emergency planning information / tools	10
Taught effective/respectful ways of serving /connecting with the community	9

### *7. What was the most interesting topic for you? Which of the topics gave you new information?*

Entire training	55
H1N1 / Pandemic Influenza	32
Vaccination	22
Pandemic Severity Index	12
Emergency Planning	12
Epidemics / Pandemics	11
Communication / How to work with migrant community	10
Influenza (General)	3

8. *What suggestions do you have to improve future trainings?*

More training	51
More emergency planning information	15
Follow-up / refresher	12
More information about how to educate target population	1
More activities / games	1
More personnel to assist the speakers	1
Participation from Mexican consulate	1

9. *What other topics are you interested in? Would you like to take any other training? Explain why and your interest in them.*

Mental health / Depression	31
Diabetes	24
Infectious diseases	23
Physical Activity	11
Access to healthcare for migrants	11
Accident prevention	10
General disease prevention	10
Nutrition	3
Specific information for farmworkers	2
Drug / Alcohol abuse	2
HIV/ AIDS	2
Gangs / gang prevention	1
First aid	1
Family planning / pregnancy	1
Sexually Transmitted Infections (STI's)	1

Other topics that were suggested elsewhere in the evaluation questionnaire include blood pressure and women's health.

10. *Would you recommend this training to others? Please explain why or why not.*

One hundred percent of participants responded positively to this question; they would recommend this training to others. Reasons for their recommendations include:

Information is necessary/good for the community /target population	40
Good training for promotoras	23
Utility of training	19
Informative	17
Professional	15
Quality / clarity of information	12
Prevents infectious disease	10
Breaks down myths / eliminates barriers	3



Participants were also asked to rate various aspects of the workshops, using a 1-10 scale (using 1 as very poor and 10 as excellent) (questions 2-5). The following table contains the averaged results from all workshops.

**Table 3: Averaged Participant Evaluation Results from all Workshops**

	Average grade given to trainer	Average grade given to training content	Average grade given to educational materials	Average grade given to training facilities	% who recommended training to others
<b>El Centro</b>	9.4	9.9	10.0	9.7	100
<b>San Diego</b>	9.8	9.7	9.8	9.5	100
<b>Chico</b>	9.8	9.9	10.0	9.8	100
<b>Yuba City</b>	9.9	9.9	10.0	9.9	100
<b>Tulare</b>	9.9	9.8	9.8	9.1	100
<b>Fresno</b>	9.4	9.3	9.5	9.3	100
<b>San Marcos</b>	9.5	9.5	9.8	9.3	100
<b>La Quinta 1</b>	9.7	9.6	9.9	9.6	100
<b>La Quinta 2</b>	10.0	10.0	10.0	10.0	100
<b>Totals</b>	<b>9.7</b>	<b>9.7</b>	<b>9.8</b>	<b>9</b>	<b>100</b>

## DISCUSSION

The two main objectives of this project were to identify existing relevant curriculum and training materials for development of curricula, and to coordinate with promotoras networks and community health clinics to provide workshops throughout the state of California. In total, 9 workshops were provided throughout the 2-month time frame. Overall, the workshops appear to have provided effective training; all workshops had improvements in average testing scores between the pre- and post-tests, and post-test scores were an average 95.5%. Apart from test scores, other similarities were observed between workshop participants. At all workshops, the large majority of attendees had been born outside of the U.S., mostly in Mexico. The average length of residence for those participants born outside of the U.S. was over 15 years in all workshops in which that information was collected. Lastly, at all workshops, a very large majority of participants (at least 75%) were female. In general, participants shared great interest in the workshops. Most had a common desire to learn and get more involved with their community. Though there were similarities among all sites, each workshop also had individual characteristics, including:

- 1) Educational attainment among participants: Highest educational level achieved by participants varied widely, ranging from very low literacy levels to graduate degrees.
- 2) Participants' frequency and type of contact with migrant farmworkers: Though most participants throughout all workshops reported contact with migrant populations, the degree of contact with farmworking populations ranged from very little direct contact in urbanized San Diego, to promotoras who live among and work directly with agricultural workers in the Fresno and La Quinta areas.
- 3) Agencies represented: *Attachment A* includes the names of all participating organizations and agencies. Participants represented diverse organizations, ranging from health and social service providers, health educators, worker and migrant advocacy groups, and local government entities. With the exception of Yuba City, each workshop had participation from multiple local agencies and programs.
- 4) Participants' previous experience in emergency preparedness and infectious disease prevention: The variety of personal and professional training and experience that participants brought to the workshop was reflected during table-top exercises, in which participants had the opportunity to create emergency plans based on hypothetical scenarios.
- 5) Local needs and vulnerabilities: These varying needs and vulnerabilities are the result of geography and local demographic makeup. For example, promotoras in Chico and Yuba City identified flooding as a potentially serious emergency in their regions, while in La Quinta and El Centro, excessive heat was reported to present more risk to public health. Demographic makeup is also important in public health emergency response: promotoras stated indigenous languages spoken by local migrant populations should be taken into account when preparing for public health emergencies.
- 6) Linguistic makeup of participants: In a few workshops, there were 2-3 limited Spanish speakers, necessitating occasional English translation.

This variability in participant background required a degree of flexibility in workshop management. By utilizing curriculum from diverse sources, and by encouraging participant feedback and interaction throughout the workshop, individual needs were addressed.

Though participant feedback and knowledge acquisition reflected overall positive results, challenges were also encountered in workshop planning and implementation. These challenges include:

- 1) A shortened time frame for planning necessitated quick assembly of curriculum and outreach materials, and simultaneous implementation of workshops while planning subsequent ones.
- 2) Lack of previous collaboration with promotoras and organizations in distant areas of California, which increased the amount of time required to identify, notify and collaborate with key contacts.
- 3) Barriers experienced by workshop attendees, which may have reduced overall attendance. Common barriers experienced by promotoras include lack of transportation to workshop locations, especially in rural areas in which workshop venues were far from promotoras' homes and workplaces; lack of available childcare (with the exception of the San Marcos training, in which childcare was provided); and scheduling difficulties, especially when workshop timing conflicted with peak agricultural harvest periods.
- 4) Curriculum requirements: Curriculum used for these workshops needed to be culturally appropriate, cover all learning objectives, and provide health literacy level appropriate training that would be useful for promotoras in the field.

## **RECOMMENDATIONS**

The curriculum and work plan of this project can be modified to reflect new and developing public health emergencies such as emerging infectious diseases and natural disasters. Training should be provided for more promotoras, especially those that work directly with migrant farmworkers and their families. As training is scaled up, connections that were established with key contact organizations during the project should be utilized to identify new training sites and interested participants. Future trainings should be planned so that they: 1) Take place in convenient locations, taking into account attendees' unique needs for transportation and child care; 2) Are timed appropriately, in consideration of busy seasons for agricultural populations; 3) Address local opportunities and barriers, as well as overarching themes in emergency response; and 4) Provide outreach materials in Spanish and English, and provide some accommodation for indigenous Mexican languages where appropriate. Future training projects should be planned to provide for reasonable time to contact organizations and arrange workshops that meet the above criteria.

## **ATTACHMENT A: List of Participating Agencies, by Location**

### EL CENTRO, IMPERIAL COUNTY: JUNE 9, 2011

California Rural Legal Assistance El Centro Office*	Birth Choice of Imperial Valley
Ventanilla de Salud Program	El Centro Regional Medical Center
Clínicas de Salud del Pueblo	Access to Independence
Imperial County Children and Families First Commission	Trabajadores Agriculturas Temporal y Migratorio (EDD)

### SAN DIEGO, SAN DIEGO COUNTY: JUNE 23, 2011

La Maestra Community Health Centers*	Visión y Compromiso
Chula Vista Community Collaborative	La Maestra WORKS - MicroEnterprise, Job Development and Placement Center
Foundation for Change	

### CHICO, BUTTE COUNTY: JULY 8, 2011

Ampla Health*	State of California Child Welfare Services
Butte County Department of Behavioral Health	Northern Valley Catholic Social Service
Latino Outreach of Tehama County	State of California Employment Development Department
E Center's Migrant Seasonal Head Start Program	Shasta County Health and Human Services Agency
Sutter-Yuba Mental Health Services	103.3 FM Radio La Ley
Mercy Housing California	

### YUBA CITY, SUTTER COUNTY: JULY 9, 2011

E Center's Migrant Seasonal Head Start Program \*

### TULARE, TULARE COUNTY: JULY 14, 2011

Tulare Community Health Clinic*	Ventanilla de Salud Program
---------------------------------	-----------------------------

Proteus Inc.

University of California Cooperative  
Extension

Campesinas Unidas del Valle de San  
Joaquin

Fresno Community Hospital

Family HealthCare Network

Central Valley Health Network

FRESNO, FRESNO COUNTY: JULY 16, 2011

Centro La Familia

Frente Indígena de Organizaciones  
Binacionales

United Way

Anthem Blue Cross

Centro Binacional para el Desarrollo  
Indígena Oaxaqueño

Community Action Partnership of Madera  
County

SAN MARCOS, SAN DIEGO COUNTY: JULY 23, 2011

North County Health Services\*

Poder Popular

Vista Community Clinic\*

National Latino Research Center

LA QUINTA, RIVERSIDE COUNTY: JULY 25 AND 26, 2011

Health Initiative of the Americas\*

Promotores Comunitarios del Desierto

El Sol Neighborhood Education Centers

Latino Health Access

Clinicas de Salud del Pueblo

Líderes Campesinos

Planned Parenthood of San Diego and  
Riverside Counties

*\* Key local contact agency*

# DETENGA EL CONTAGIO DE LA GRIPE

RECUERDE HACER **TRES COSAS** FÁCILES



## 1 LÁVESE las manos

Lávese las manos con frecuencia. Tállelas con agua y jabón por lo menos durante 20 segundos o use un desinfectante para las manos a base de alcohol.

## 2 CÚBRASE la boca

Cúbrase al toser. Use un pañuelo desechable para taparse la boca y la nariz al toser o estornudar. Si no tiene un pañuelo desechable, cúbrase con la parte interior del codo.



## 3 DETENGA los microbios

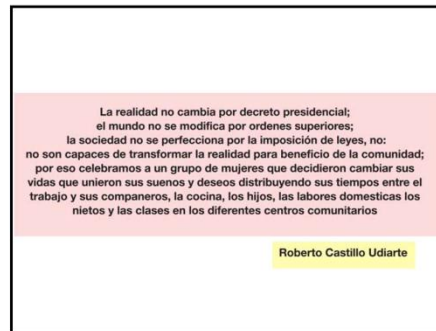
Detenga los microbios que causan contagio evitando el contacto con personas que están enfermas. Si se enferma, quédese en casa hasta que esté bien para no contagiar a otros.

Para más información en el Estado de California,  
llame gratis al: 1-888-865-0564



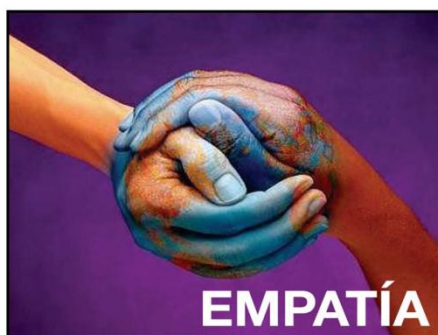
**ATTACHMENT C: PowerPoint Presentation #1 – The Role of Promotoras during Public Health Emergencies (6 slides per page)**

9/15/2011



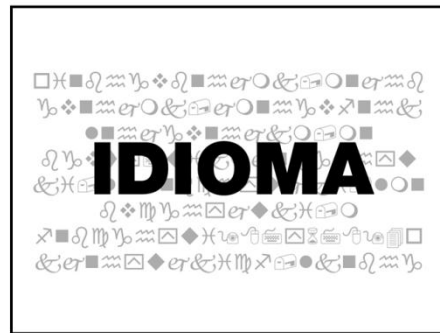
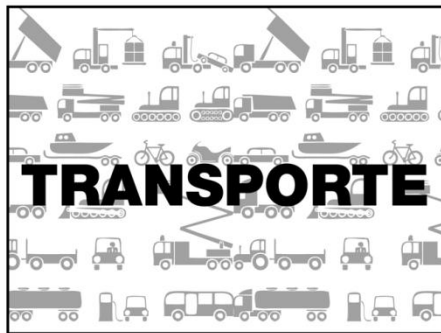












**CONDICIONES DE  
SALUD PRE EXISTENTES**



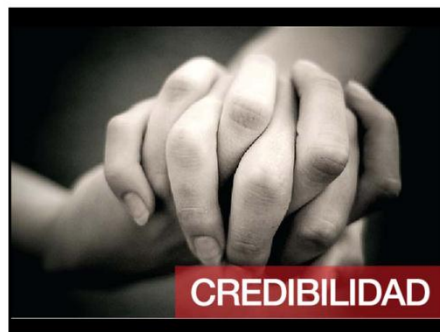
**DESCONOCIMIENTO**

**¿Cómo puedes llegar a  
aquellos que más necesitan?**

**COMUNICAR**

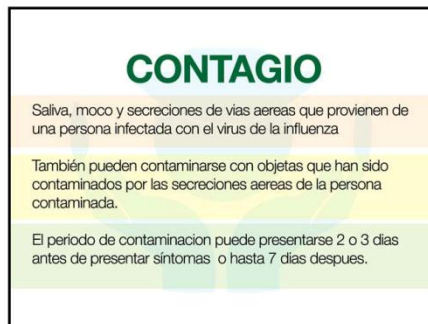
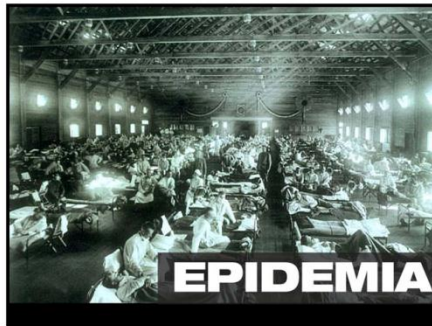
**COLABORACIÓN**





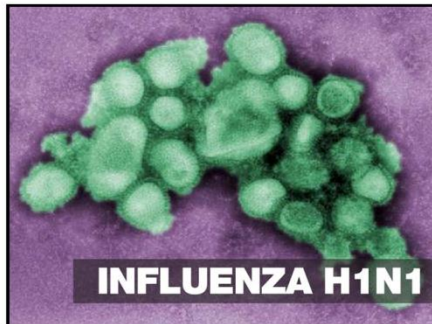
**ATTACHMENT D: PowerPoint Presentation #2 – Public Health Vocabulary (6 slides per page)**

9/15/2011



### Otras formas de contagio:

Objetos contaminados  
Perillas de las puertas contaminadas  
Plumas/bolígrafos  
Lápices  
Teclados de computadora  
Diversos utensilios contaminados que se comparten  
Besos  
Gotitas de saliva al estornudar  
Manos sin lavar



### Signos + Síntomas

#### Signos

Aquellos señales físicas que se observan en un paciente que acompañen un padecimiento médico.

#### Síntomas

Aquellos señales físicas que refiere el paciente sentir en relación a un padecimiento médico.

### Síntomas de la influenza

Sensación de fiebre con escalofríos  
Tos  
Dolor de garganta  
Flujo o congestión nasal  
Dolores musculares y corporales  
Dolor de cabeza  
Fatiga (cansancio)  
Algunas personas pueden tener vómitos y diarrea  
Puede que se presente Fiebre o que el termómetro marque mas de 100.4 grados Fahrenheit o su equivalente a centígrados 38 grados.









**Comunicando Efectivamente  
los Mensajes de Salud**

Disemina el mensaje acerca de lo que puede hacer cada individuo por sí mismo para mantenerse saludable durante la época de influenza estacional.

Comparte el mensaje acerca de vacunarse cada año.

Comunícate con las personas que son difíciles de encontrar o de alcanzar:

- Desamparados, sin hogar

## RECOMENDACIONES

Los siguientes grupos están protegidos bajo el Affordable Care Act



Menores a partir de los 6 meses hasta los 18 años de edad.

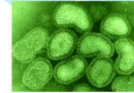
Ciertos adultos de alto riesgo que están entre 19 y 49 años de edad.

Adultos mayores de 50 años y más.

## IMPORTANCIA DE VACUNARSE



Los virus de la influenza pueden cambiar de un año a otro. Por lo tanto, cada año se fabrica una nueva vacuna que protege contra los tres virus de la influenza que los investigadores han indicado, probablemente serán los virus más comunes para la siguiente temporada



## RECUERDEN



Todas las personas de 6 meses de edad en adelante deben vacunarse cada año, tan pronto como la vacuna esté disponible en su comunidad.

Esta vacuna por lo regular está disponible durante los meses de septiembre y octubre de cada año.

La vacuna contra la influenza le proporcionará protección durante toda la temporada de influenza.

## INMUNIDAD PARA TODOS



### **Promueve la vacunación entre tu comunidad**

Provee información a tu comunidad sobre las vacunas y revisa constantemente los cambios en <http://flu.gov/>.

Organiza paseos a las clínicas de salud y ayuda a los demás a realizar una cita **para vacunarse**

Existe una herramienta útil para encontrar el lugar más cercano a las vacunas con el localizador de vacunas:  
Flu Vaccine Finder

[Http://www.flu.gov/news/socialmedia/index.html#flulocator](http://www.flu.gov/news/socialmedia/index.html#flulocator)

## **2 TIPOS DE VACUNAS**

### **VACUNA INYECTABLE**



#### **La vacuna inyectable:**

una vacuna inactivada (está elaborada con virus muertos) que se administra mediante una inyección en el brazo.

La vacuna inyectable está aprobada para el uso en personas mayores de 6 meses, incluyendo personas sanas, mujeres embarazadas y personas con condiciones médicas crónicas.

### **VACUNA AEROSOL**



#### **Elaborada con virus vivos debilitados**

**Aprobada para usarse en personas sanas entre 2 y 49 años de edad que no este embarazadas.**

**No debe usarse en personas:**

- 1. embarazadas**
- 2. personas con condiciones medicas cronicas**
- 3. niños de 2 a 4 años con antecedentes de asma**



### **BROTE DE TOS FERINA**

California ha experimentado su **peor brote** de tos ferina en más de 50 años, con un total de más de 7,800 casos confirmados.

**Muerte de 10 lactantes menores**

Por esto el gobierno federal de California firmó la ley requiriendo que los adolescentes se vacunen contra la tos ferina.



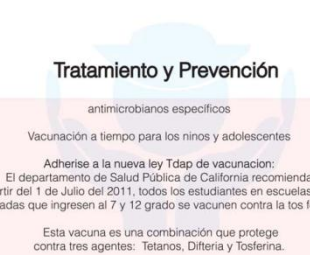
### **SIGNOS Y SÍNTOMAS TOS FERINA**



### **SIGNOS Y SÍNTOMAS TOS FERINA**

Periodos de apnea

hasta síntomas leves que pueden ser confundidos con infecciones virales de las vías respiratorias



### **Tratamiento y Prevención**

antimicrobianos específicos

Vacunación a tiempo para los niños y adolescentes

Adherirse a la nueva ley Tdap de vacunación:

El departamento de Salud Pública de California recomienda que a partir del 1 de Julio del 2011, todos los estudiantes en escuelas públicas y privadas que ingresen al 7 y 12 grado se vacunen contra la tos ferina.

Esta vacuna es una combinación que protege contra tres agentes: Tetanos, Difteria y Tosferina.

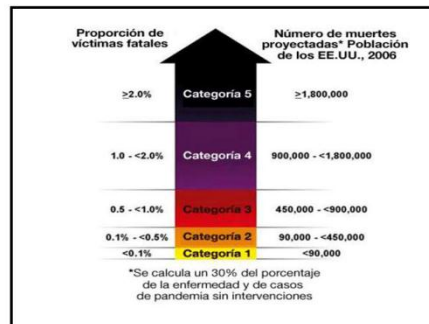
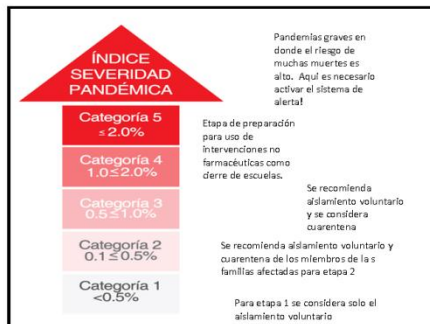
## MENSAJES PREVENCIÓN

Vacunar a todos lo menores durante sus fechas indicadas

Vacunar a los adolescentes a partir de Julio 1 del 2011 antes de entrar a la secundaria o a la preparatoria.

Acudir al medico si notas que tu bebe o hijo presenta los sntomas que ya describimo.

Medidas generales de higiene: lavado de manos y cubir nariz y boca cuando tose o estornude.



**6** EPIDEMIA MUNDIAL CARACTERIZADA POR EXTENSOS BROTES EN MAS DE UNA REGIÓN

**5** CONTAGIO DE HUMANO A HUMANO DE LA ENFERMEDAD EN AL MENOS DOS PAISES DE UNA REGIÓN

**4** PROPAGACIÓN DE HUMANO A HUMANO DE UNA NUEVA CEPA VIRAL CAPAZ DE PROVOCAR BROTES A NIVEL DE COMUNIDADES

**1-3** EL VIRUS CIRCULA SOLO ENTRE ANIMALES POCAS INFECCIONES HUMANAS

Intervenciones* según el entorno	Índice de gravedad de la pandemia		
	1	2 y 3	4 y 5
<b>Hogar</b>			
Aislamiento voluntario de las personas enfermas en la casa (aislamiento) y reducir el contacto con el tratamiento sintomático disponible e indicado	Recomendado(1)	Recomendado(1)	Recomendado(1)
Cuarentena voluntaria de los miembros de la casa en hogares con personas enfermas (adultos y niños); combinar con una profilaxis antiviral si es apropiada, factible y la cantidad es suficiente	Generalmente no recomendado	Considerar(1)	Recomendado(1)
<b>Escuela</b>			
Distancia social entre los niños	Generalmente no recomendado	Considerar(14 semanas)(1)	Recomendado(12 semanas)(1)
Reducir los contactos fuera de la escuela y el contacto con los miembros de la comunidad	Generalmente no recomendado	Considerar(14 semanas)(1)	Recomendado(12 semanas)(1)
<b>Lugar de trabajo/Comunidad</b>			
Distancia social entre adultos	Generalmente no recomendado	Considerar	Recomendado
Quitar el número de contactos sociales (por ej., promover trabajo a distancia y otras alternativas para evitar los reuniones cara a cara)	Generalmente no recomendado	Considerar	Recomendado
Quitar la distancia entre las personas (por ej., reducir la densidad en el transporte público, lugar de trabajo)	Generalmente no recomendado	Considerar	Recomendado
Modificar, postergar o cancelar reuniones públicas programadas para promover la distancia social (por ej., eventos en estadios, presentaciones teatrales)	Generalmente no recomendado	Considerar	Recomendado
Modificar los programas y prácticas en los lugares de trabajo (por ej., vacaciones, turnos alternados)	Generalmente no recomendado	Considerar	Recomendado



## **ATTACHMENT E: Public Health Emergency Table-top Exercise – Emergency Scenarios and Questions**

### **Escenario 1**

- Son las 4:31 am y un grupo de trabajadores del campo estan por iniciar sus labores. Los campesinos son de origen chiapanecos y solo hablan dialectos, muy poco español. Uno de ellos le dice a su companero, “Siento que se esta moviendo la milpa” , todos empiezan a correr .

### **Escenario 2**

- Es el inicio del año Nuevo, se han reunido Todos en casa de los abuelos. Ellos viven en las afueras dela ciudad, dentro del valle de los campesinos en Coachella, California. El abuelo se levanta a decir unas palabras, cuando de repente ya no puede seguir hablando y cae al piso. Todos los familiares quieren ayudar al abuelo.

### **Escenario 3**

- La señora Justina Perez lleva a su hija Lupita de 4 años al jardin de niños local. Al llegar, la maestra les indica que deberan regresarse a su casa, ya que dos niñas de la escuela presentaron una enfermedad respiratoria contagiosa.

## Escenario 4

- Durante las guardias de emergencia del centro de salud local de Ventura, el Dr. Juan Chavez, quien esta encargado del depto.de emergencias atiende a un bebe de 5 meses de edad quien presenta dificultad para respirar. Lo atiende pero desgraciadamente no hay mucho ya que hacer y fallece. Despues de los resultados de analisis se dan cuenta que fallecio debido a complicaciones por tosferina.

## Escenario 5

- Jehu Garcia acude al centro de salud del pueblo por presentar: tos, fiebre y dolor muscular que ha tenido por mas de dos semanas. Dice que viajo recientemente fuera del pais.

## Escenario 6

- Se detecta en el valle imperial 5 casos de Influenza dentro de un campo de trabajadores del campo que pizcan lechuga. Los trabajadores fueron atendido en la clinica mas cercana, al preguntarles acerca de recientes contactos ellos respondieron: "Trabajamos con un grupo de 300 trabajadores del campo recludos en casas que son de dificil acceso".



## Escenario 7

- El Sr. Candido y la Sra. Angelita trabajan en la pizca de la fresa, dejaron a sus hijos encargados con el hijo mayor. El hijo mayor intenta preparar el desayuno a sus hermanos pero se fija que ya no hay gas para cocinar por lo que decide prender una hornilla con leña y papel. Se propaga un incendio.

## Escenario 8

- La promotora Maura y la enfermera Jill reciben una notificación por parte del Centro de salud local porque tiene que salir a vacunar a un grupo de trabajadores del campo. Entre algunos de ellos hay gran desconfianza sobre vacunarse.

## Escenario 9

- Doña Zita Mendez trae a su bebita de 8 meses con la vecina, quien se dedica a curar de empachos. Despues de varios intentos, la curandera le dice a Doña Zita que ya no puede hacer mas por la bebita, que es necesario que la lleve al centro de salud para que la atienda el medico de guardia. Doña Zita se resiste a ir porque no cree que el medico la pueda curar porque para ella su niña tiene empacho.

## Escenario 10

- Felipe Robles, campesino de Yuba City, amanecio con mucha fiebre, escurrimeinto nasal y mucha tos. Se tomo un te caliente y un Tylenol, se sintio un poco mejor por lo que decidio ir a trabajar. Su compañero Pancho Lopez al verlo le dice “Te ves muy mal! Deberias regresar a descansar a tu casa!” Felipe contesto “No! Porque si me voy me quitan el trabajo”.

**¿Qué tipo de emergencia es?**  
(de salud pública, personal, desastre natural, seguridad, etc.)

**¿Cree que esta comunidad, incluyendo la población migrante, está lista para este tipo de emergencia? Explique porque sí o no.**

**¿A quién/quienes puede afectar esta emergencia?**

**¿Quién es más vulnerable?**

**¿Cómo afectará esta emergencia a una población migrante?**

**¿Cómo la afecta diferentemente de otras poblaciones?**

**¿Qué elementos / cosas físicas podemos darles a los migrantes para auxiliarles?**

**¿Cómo podemos comunicarle a la población migrante durante esta emergencia?**

**¿Qué son algunos recursos que hay en esta comunidad para auxiliar a la población migrante?**

**¿Qué barreras se encuentra en esta comunidad para poner e implementar un plan de emergencia?**

**¿Qué más información y recursos necesitamos para poner un plan para este tipo de emergencia?**

**¿Cómo creen que respondería la población migrante al intentar ayudarles / equiparles con un plan de emergencia?**

**¿Cuáles son factores importantes que usted cree que se debe incluir en un plan de emergencia para este tipo de problema?**



## ***Recursos Para Emergencias de Salud Pública***

### ***Emergencias y Desastres***

Centros Para el Control y la Prevención de Enfermedades  
(CDC, por sus siglas en inglés):

**1-888-246-2857**

**<http://emergency.cdc.gov/es/>**

Cruz Roja Americana: **<http://www.cruzrojaamericana.org/>**

Estado de California: **<http://www.calema.ca.gov/>**

### ***Influenza***

Gobierno Federal de EEUU, sitio de influenza:

**[http://espanol.pandemicflu.gov/pandemicflu/en/es/24/\\_www\\_pandemicflu\\_gov/](http://espanol.pandemicflu.gov/pandemicflu/en/es/24/_www_pandemicflu_gov/)**

### ***Tos Ferina***

Estado de California: **<http://vacunasymisalud.org/preguntas-y-respuestas-sobre-la-tos-ferina/>**

## ATTACHMENT G: Description of Red Cross Spanish Safety Tube



### Spanish Safety Tube

Ships from Red Cross Store

Part #20-07300

UOM: EA

In the event of an emergency, prepare yourself and your employees for evacuation and rescue with the grab-and-go Spanish Safety Tube.

- Includes preparedness tips in Spanish and a place to record your emergency contact information
- Ideal for commuters, the workplace, and schools
- Fits easily into bags, glove compartments, or desk drawers

### Contents include:

- 1 Whistle
- 1 12-Hour light stick, 6"
- 1 Drinking water pouch, 4.2 oz
- 1 Procedural mask
- 1 Emergency blanket
- 1 Plastic Tube, 7.5" h x 2.75" w



## ATTACHMENT H: Course Evaluation

### Evaluación del Curso de Promotoras

**Con el fin de evaluar nuestro entrenamiento de promotoras y de esta manera mejorar cada día más, le pedimos de favor que conteste las siguientes preguntas de la manera más honesta posible.**

1. ¿Cuál fue la principal razón que la motivo a tomar este entrenamiento?
2. Utilizando la escala del 1 al 10, (10 como excelente y 1 como muy pobre) ¿cómo calificaría al Entrenador? Califique con esta escala cada uno de estos puntos.
  - a. \_\_\_\_\_ ¿Fue clara la presentación del entrenador?
  - b. \_\_\_\_\_ ¿Pudo el entrenador presentar un entrenamiento a la medida de su necesidad?
  - c. \_\_\_\_\_ ¿Le enseñó el entrenador de una forma clara como debe hacer llegar los mensajes a su comunidad de una forma práctica?
  - d. \_\_\_\_\_ ¿Le dio tiempo suficiente para que practicara lo que aprendió el día de hoy?
  - e. \_\_\_\_\_ ¿Pudo el entrenador contestar y aclarar todas sus preguntas o dudas esta mañana?
  - f. \_\_\_\_\_ ¿Fue dinámico el entrenador al presentar el tema?
3. Utilizando la escala del 1 al 10, (10 como excelente y 1 como muy pobre) ¿Cómo calificaría usted el contenido del curso?
  - a. \_\_\_\_\_ ¿Logró el curso ofrecerle a usted nuevos conocimientos?
  - b. \_\_\_\_\_ ¿Logró el curso brindarle las herramientas que usted necesita para poder hacer llegar el mensaje al que más lo necesita?
  - c. \_\_\_\_\_ ¿Fue suficiente el tiempo que duro el curso?
  - d. \_\_\_\_\_ ¿Fue de su agrado el contenido de este entrenamiento?
  - e. \_\_\_\_\_ ¿Utilizó el idioma o dialecto acorde a su necesidad?
4. A continuación favor de evaluar utilizando la escala de 1 al 10 (10 como excelente y 1 como muy pobre) ¿Cómo calificaría los materiales didácticos utilizados en el curso?
  - a. \_\_\_\_\_ ¿Se utilizó suficiente material didáctico como para dejar una clara explicación del objetivo del entrenamiento? Ejemplo: diapositivas o power point, pizarrón, etc.

- b. \_\_\_\_\_ ¿Fueron útiles los materiales didácticos que le ofrecimos en este curso? Manual de influenza, tarjetas para el migrante, hojas con información de ayuda
5. Favor de calificar utilizando la escala del 1 al 10. ¿Cómo calificaría las instalaciones del curso, horario, alimentación y distancia del lugar en donde se llevó a cabo el entrenamiento?
- a. \_\_\_\_\_ Ubicación
  - b. \_\_\_\_\_ Distancia
  - c. \_\_\_\_\_ Horario
  - d. \_\_\_\_\_ Duración del curso
  - e. \_\_\_\_\_ Espacio
  - f. \_\_\_\_\_ Estacionamiento
6. Favor de explicar en sus propias palabras acerca de cómo le ayudo este curso a ubicar su rol como promotora en su comunidad. Explique ¿por qué y cómo le ayudó?
7. ¿Cuál fue el tema que más le gustó? ¿Cuál fue el que más le aportó un nuevo conocimiento?
8. ¿Qué sugerencias nos podría usted brindar para mejorar en nuestros siguientes entrenamientos?
9. ¿Sobre qué otros temas le gustaría usted recibir más información? ¿Le gustaría tomar algún otro entrenamiento? Favor de explicar cuáles y por qué le interesan.
10. ¿Recomendaría usted este entrenamiento a otros? Sí, ¿por qué? No, ¿por qué?

## **ATTACHMENT I: Pre- and Post-Test Questions**

1. ¿Qué es una emergencia de salud pública?
2. ¿Cuál de las siguientes opciones describe una acción clave de una promotora?
  - a. Vender un producto a la comunidad o vecino de tu cuadra.
  - b. Vacunar a los trabajadores del campo.
  - c. Educar, informar, motivar y orientar a la comunidad sobre la salud.
  - d. Solo informar
3. ¿Cuáles son algunas barreras para obtener acceso a servicios médicos?
  - a. Analfabetismo
  - b. No saben inglés
  - c. No saben español
  - d. No tienen transporte
  - e. Temor a la emigración
  - f. Solo a y b
  - g. Todos los anteriores
4. ¿Qué es una epidemia?
  - a. Es una enfermedad que afecta la epidermis
  - b. Es el conjunto de enfermedades que ocasiona un virus
  - c. Es una enfermedad que afecta a un pueblo en una región geográfica en un tiempo determinado
  - d. Es una enfermedad que afecta a un pueblo y eventualmente afecta un continente o el mundo entero.
5. ¿Qué es una pandemia?
  - a. Es una enfermedad que afecta a un pueblo en una región geográfica en un tiempo determinado
  - b. Es una enfermedad que afecta a un pueblo y eventualmente afecta un continente o el mundo entero.
  - c. Es un parásito que se mete en la piel y que se contagia por los perros.
  - d. Es un tipo de droga o medicina que uno toma para un mal en la sangre



6. ¿Cuál es la diferencia entre influenza estacional e influenza Pandémica?
7. ¿Sabe usted cual es el índice de severidad para la influenza? Mencione cual es.
8. ¿Por qué necesita usted vacunarse cada año en contra de la influenza?
9. Hay dos formas de recibir la vacuna de la influenza. Mencione cuales son.
- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
10. ¿Cuál es el grupo de edad con mayor riesgo de morir por causa de la infección de la tosferina?
11. Complete la siguiente frase:
- En base a la nueva ley de California todos los adolescentes que van a entrar a la escuela a los \_\_\_\_\_ y \_\_\_\_\_ grados escolares, necesitan una vacuna de \_\_\_\_\_.

**ATTACHMENT J: Certificate of Completion** *(example from Chico workshop)*



*Se Otorga el Siguiente  
Certificado*

*A:* \_\_\_\_\_

*Por haber cumplido exitosamente la capacitación:  
"El Rol del Promotor/a  
en las Emergencias de Salud Pública"*

*Chico, California  
8 de julio, 2011*

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April A. Fernández, Gerente de Programa  
Oficina de Salud Fronteriza Binacional  
de California

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Debra A. Loomis, M.A., Project Coordinator  
California-Nevada Public Health Training Center

## ATTACHMENT K: Sample Workshop Agenda



### AGENDA DE ACTIVIDADES

#### EL ROL DE PROMOTORAS DURANTE LAS EMERGENCIAS DE SALUD PÚBLICA

##### *Date, Location*

8:30 – 9:00:	<i>Registración / Pre-evaluación / Conversar en Red</i>
9:00 – 9:30:	<i>Bienvenida e Introducción al Curso</i> <ul style="list-style-type: none"><li>• <i>Durante este tiempo tendrán la oportunidad de presentarse al grupo de participantes</i></li></ul>
9:30 - 10:30:	<i>Presentación #1:</i> <i>Quién es la Promotora y cuál es su rol entre la comunidad</i>
10:30 - 11:00:	<i>Ejercicio #1:</i> <i>Como se puede contagiar por manos sin lavar</i>
11:00 – 11:10:	<i>Receso</i>
11:10 - 12:30:	<i>Presentación #2:</i> <i>Influenza Estacional, Influenza H1N1, Tos ferina y Vacunación</i>
12:30 - 13:15:	<i>Comida y Ejercicio #2:</i> <ul style="list-style-type: none"><li>• <i>Durante este tiempo se les presentará un problema a resolver de forma grupal</i></li></ul>
13:15 – 14:00:	<i>Presentación de resultados de Ejercicio #2</i> <ul style="list-style-type: none"><li>• <i>Discusión Sobre Planes de Emergencia</i></li></ul>
14:00 - 14:10:	<i>Receso</i>
14:10 – 15:00:	<i>Presentación Especial de la Cruz Roja Americana</i> <ul style="list-style-type: none"><li>• <i>Preparación Para Emergencias y Desastres</i></li></ul>
15:00 – 15:30:	<i>Clausura de Curso, Evaluaciones, Entrega de Certificados</i>

**ATTACHMENT L: Map of training locations with training dates**

